

REQUEST FOR ONE-TIME LATE DROP

I am requesting to drop _____, for the _____ 20__ Term.
(Course Prefix/Number) (Semester) (Year)

____ My signature affirms that there are no possible academic dishonesty violation charges pending, nor have any been confirmed, in this course. If it is found that such charges are pending or confirmed, the drop will be rescinded.

____ I understand that I am fee liable for the course I am dropping and any drop approved may affect insurance coverage (health/auto), housing, financial aid, and/or repeat course surcharge.

____ I also understand that this class will count toward my excess credit hours if I started college, at FSU or any other institution, in the Fall of 2009 or later.

____ I understand that dropping a course in my major will have mapping implications & could result in a hold being placed on my future registration and/or having to change my major.

____ I understand that I will be removed from the graduation list and not allowed to participate in the graduation ceremony if I drop a course needed to graduate this semester.

____ I understand that I can use only a single one-time late drop as an upper-division student with 60 or more hours completed and I will receive a "W" grade on my transcript for this course.

Student's Name (Please Print)

FSUID

EMPLID

Phone Number

Student's Signature

Date

College of Social Sciences and Public Policy Approval

Date

*** THIS COURSE WILL NOT BE DROPPED UNTIL THE FORM IS TAKEN TO THE ***
REGISTRAR'S OFFICE (UCA 3900). IT IS THE STUDENT'S RESPONSIBILITY TO GET
IT THERE BY THE DEADLINE.